MARYLAND STATE DEPARTMENT OF HEALTH

01797

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 200 yards south of Savage Traffic Light

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4324 Georgia Ave. N W

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Lee (Last) Alsip
4. DATE OF DEATH (Month) (Day) (Year) 2-26-53 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-18-1930
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clyde Hill
14. MOTHER'S MAIDEN NAME Mahvis Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Clyde Hill 4324 Georgia Ave. NW Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819X Immediate cause (a) Fracture of skull at base — INTERVAL BETWEEN ONSET AND DEATH: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture of rt. pelvis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) near Savage (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-26-53 12.01 A m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Car struck bridge abutment and turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Bingtorp M.D. (Degree or title) Deputy Medical Examiner for Howard County
ADDRESS Ellicott City, Md.
DATE SIGNED 2-26-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-1-1953
NAME OF CEMETERY OR CREMATORY Arlington Cem Va.
LOCATION (City, town, or county) (State) District of Columbia

DATE REC'D BY LOCAL REG. 2/26/53
REGISTRAR'S SIGNATURE John B. Lingham F. Shipley Per B.E.L.
24. FUNERAL DIRECTOR W. W. Chambers
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01798

CERTIFICATE OF DEATH

Reg. Dist. No. 194

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LAUREL
LENGTH OF STAY (in this place): 22yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Columbia Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LAUREL
STREET ADDRESS (If rural, give location): COLUMBIA ROAD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUE	JONES	BROWN	2	11	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		11/3/12	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
TEACHER	Public School	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BURL JONES	BESSIE PILCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	NONE	MISS MAY JONES, GIRDLETREE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 15 Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 23rd 1952 to Feb. 11th 1953, that I last saw the deceased alive on Feb 11 1953, and that death occurred at 5:40 p. m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley (Degree or title) M.D. ADDRESS: Savage, Md. DATE SIGNED: 2/11/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 15 1953	Baptist Cem. of Girdletree	Girdletree, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-14-53	Marie A. Whitaker	Dennis Funeral Home	Snow Hill - Md

VS. A15

RECEIVED
FEB 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01799

CERTIFICATE OF DEATH

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Mt. Airy; LENGTH OF STAY (in this place) years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Mt. Airy; STREET ADDRESS (If rural, give location) R.F.D. Mt. Airy

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Violet	G.	Burdette	Feb.	21	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Feb. 8, 1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Long Corner, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew D. Mullinix	Susan J. Becraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	--	Mrs Clyde Burdette, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Arteriosclerotic cardiovascular disease — 8 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from November 22, 1949, to February 21, 1953, that I last saw the deceased alive on February 19, 1953, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James F. Kerr	M.D.	Damascus, Md.	February 23, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 24, 1953	Montgomery Meth.	Clagettsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb 24 '53	E. Pearl Nunn	Olin L. Molesworth, Damascus, Md.

RECEIVED
MAR 9 1953
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01800

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5417 Race Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 5417 Race Rd

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Catherine (Last) Burley
4. DATE OF DEATH (Month) Feb (Day) 10 (Year) 1953
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 3-1882
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Anne Arundel Co
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Jones
14. MOTHER'S MAIDEN NAME Cordelia Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Carrie Butler 5417 Race Rd Elkridge 27 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Apoplexy C — 18 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right Hemiplegia, Arterial Hypertension — 1950

(c) Myocardial Insufficiency — 1903

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Cataracts (Blind) — 2 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1953, to Feb 10, 1953, that I last saw the deceased alive on Feb 10, 1953, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 5609 Main St Elkridge 27 Md 2/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 14, 1953
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) Harmans Md (State)
DATE REC'D BY LOCAL REG. 2/13/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Mrs Katie R Williams ADDRESS 322 N Schroeder St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01801

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ellicott City — LENGTH OF STAY (in this place) 7 Wks.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Convalescent Retreat	STREET ADDRESS (If rural give location) 2801 Brighton St.,

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) G. (Last) Clarke			4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 19 53.		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: Aug.24,1867	9. AGE last birthday: 85 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Robert H. Clarke		14. MOTHER'S MAIDEN NAME: unk.			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT & ADDRESS: Mrs.Margaret M.Birely 2833 Clifton Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1952, to Feb 11, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Ellicott City Md DATE SIGNED 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 2-14-1953	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) Baltimore, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2/12/53	REGISTRAR'S SIGNATURE H. W. Hedrick	24. FUNERAL DIRECTOR G.Howard Strong	ADDRESS 3207 W. North Ave.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

1037 N. Calvert
Dr. Leon A. Rockman

91802

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Florence
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Florence
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lilla (Middle) Annette (Last) Doherty

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1953

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) Married
8. DATE OF BIRTH Aug. 23, 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ira Kibner
14. MOTHER'S MAIDEN NAME Annette Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr John J. Doherty - Woodbine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
421.4	Immediate cause	(a) Cerebral Embolism	2 min
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Valvular Disease	3 yrs
		(c) Chr. Myocarditis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to ....., 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 9:25 P m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) M.D. ADDRESS Mt Airy Md DATE SIGNED 2/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-24-53
NAME OF CEMETERY OR CREMATORY St Michaels
LOCATION (City, town, or county) Upper Springs (State) Md.

DATE REC'D BY LOCAL REG. Feb 23, 1953
REGISTRAR'S SIGNATURE E. Pearl Mercer Lisbon Md
24. FUNERAL DIRECTOR Weir & Haight - Sykesville Md
ADDRESS Luther H. Haight

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Item 8 Film G151
9

Item 18 Film G151 3-3-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01803

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY HOWARD Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
RURAL LENGTH OF STAY (in this place) 2/1-53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schappers Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE BALTIMORE MD COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) RT 103 MONTGOMERY RD

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ANNIE M. EVERHART

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 9 - 1871

9. AGE last birthday: ~~82~~ 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Emetsburg MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Coberson

14. MOTHER'S MAIDEN NAME: Katherine Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: x x x x

17. INFORMANT & ADDRESS: 12236 Grandmont Mrs Estella Statland, Detroit 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Primary site Unknown

DUE TO

(c)

Interval Between Onset And Death ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Feb. 15, 1953, that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 2 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Ellicott City Md DATE SIGNED 2/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb 18-53 NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery LOCATION (City, town, or county) (State) Eastern Ave

DATE REC'D BY LOCAL REGISTRAR 2/16/53 REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Chas P. Towell ADDRESS 6411 Windsor Mill RD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3508 Dennison rd
for 4260.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: HOWARD COUNTY
COUNTY: Shaffers Con. Home — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Montgomery Rd — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ellicott City

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: 1510 N. Regester St — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS: Md (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Flanigan (Last)

4. DATE OF DEATH: (Month) Feb (Day) 6th (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 4th 1865
9. AGE last birthday: 87 Yrs yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Flanigan
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. McLaughlin 1510 N Regester St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
526 X Immediate cause	(a) Bronchial pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic bronchiectasis	?
1118	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1952, to Feb. 6, 1953, that I last saw the deceased alive on Feb. 6, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE: Leon A. Kochman (Degree or title) — ADDRESS: Ellicott City Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 10th 1953 — NAME OF CEMETERY OR CREMATORY: New Catheridal — LOCATION (City, town, or county) (State): Edmondson Ave.

DATE REC'D BY LOCAL REG.: [illegible] — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Leo G. Cook — ADDRESS: 1701-03 N. Patterson Park Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01805

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaffers Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural give location) 230 Gralan Rd.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) M. (Last) Gebhardt

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-9-1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Buschman
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Jerome Gebhardt

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic CV Disease c̄ failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1953, to Feb. 15, 1953, that I last saw the deceased alive on Feb. 17, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Ellicott City Md DATE SIGNED 2/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-18-53
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) Balto. (State) Md.

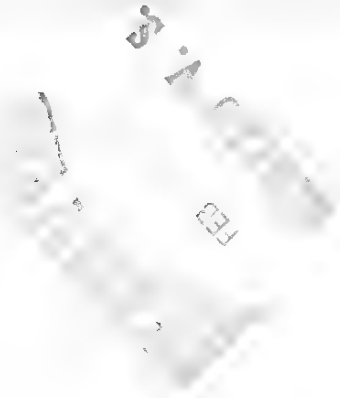
DATE REC'D BY LOCAL REGISTRAR Feb. 20, 1953
REGISTRAR'S SIGNATURE John B. Loughran. Per. B. E. L.

24. FUNERAL DIRECTOR MacNabb & Son ADDRESS Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01806

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural nr. Ellicott City
LENGTH OF STAY (in this place) 9 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3522 Woodmoor Road

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) M. (Last) Haines
4. DATE OF DEATH: (Month) Feb. (Day) 18, (Year) 1953.
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: May 2, 1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George H. B. Baker
14. MOTHER'S MAIDEN NAME: Annie E. Angell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: 1754 N. St., N.W. Winifred O. Haines Washington, DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Cerebral embolism — Interval Between Onset And Death: acute

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral hemorrhage — 2 yrs

DUE TO

(c) Hypertensive vascular disease — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Feb 18, 1953, that I last saw the deceased alive on Feb 17, 1953, and that death occurred at 2 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Ellicott City Md DATE SIGNED 2/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-21-1953
NAME OF CEMETERY OR CREMATORY St. Lukes (Winter's)
LOCATION (City, town, or county) New Windsor, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2/19/53
REGISTRAR'S SIGNATURE A. W. Hedrich M.H.
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

01807

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 191 to 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Lewis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weston
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt.1 200 yards south of Savage Traffic Light	STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print) (First) DOREAN (Middle) SMITH (Last) HITT			4. DATE OF DEATH (Month) 2-26-53 (Day) (Year) 19		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-25-1918	9. AGE last birthday 35 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY Resturant		11. BIRTHPLACE (State or foreign country) W.Va		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Anthony Smith			14. MOTHER'S MAIDEN NAME Effie Skinner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 235-26-9341	17. INFORMANT AND ADDRESS Effie Smith, Rt.2 Weston, W.Va		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819X Immediate cause (a) Compound fracture of skull — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushing of chest

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway	near (CITY OR TOWN) Savage (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) 2-26-53 (Day) (Year) (Hour) 12.01 Am.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Car struck bridge abutment and turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf M.D. (Degree or title) Deputy Medical Examiner for Howard County — ADDRESS Ellicott City, Md. — DATE SIGNED 2-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 3-2-53	NAME OF CEMETERY OR CREMATORY Peterson	LOCATION (City, town, or county) (State) Weston, W.Va.
DATE REC'D BY LOCAL REG. 2/26/53	REGISTRAR'S SIGNATURE John B. Loughran Pres. B.E.L. O. Shipley Cmc	24. FUNERAL DIRECTOR E.C. Higinbothom, Ellicott City, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

01808

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gorman Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DOROTHY (Middle) THOMAS (Last) HOWARD

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 1916
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Camden New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Thomas
14. MOTHER'S MAIDEN NAME Georgeanna Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 217-18-6125
17. INFORMANT AND ADDRESS Public Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X Immediate cause (a) Gunshot wound of chest, left side

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Gorman Rd.
(CITY OR TOWN) Savage (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/21/53 2:15 A.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Sitting in car with man; another man shot her through window

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE R. B. Fisher (Degree or title) Chief Medical Examiner
ADDRESS 700 Fleet St.-Balto. 2, Md.
DATE SIGNED 2/21/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 24-1953
NAME OF CEMETERY OR CREMATORY Locust Chapel
LOCATION (City, town, or county) Simpsonville (State) Md

DATE REC'D BY LOCAL REG. 2/23/53
REGISTRAR'S SIGNATURE John B. Loughran. Per. B.E.L.
24. FUNERAL DIRECTOR F. C. Higinbothom
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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Item 8 FilmG151 2/25/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01809

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City (rural)
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaeffers Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn. (rural)
STREET ADDRESS (If rural give location) Clarks Sta. Road

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) E. (Last) McKEEVER

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 12, 18~~70~~ 67
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Hertenburg
14. MOTHER'S MAIDEN NAME: Unkown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Ethel Long, Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Arteriosclerotic C.V. disease c

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) hypertension

DUE TO

(c)

Interval Between Onset And Death: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Feb. 14, 1953, that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 11 Cm, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Ellicott City Md DATE SIGNED 2/14/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Feb. 16, 53
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/18
REGISTRAR'S SIGNATURE [signature] De Alba
24. FUNERAL DIRECTOR [signature] T.W. Pengeton ADDRESS
John B. Loughran

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel Park
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Madison Ave. Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel Park
STREET ADDRESS (If rural, give location) Madison Ave. Route #1

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) LLOYD (Last) MERSON
4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12/10/17
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenters helper
10b. KIND OF BUSINESS OR INDUSTRY construction Co.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Nathan W. Merson
14. MOTHER'S MAIDEN NAME Laura Dustin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY No. 218-05-0246
17. INFORMANT AND ADDRESS Colleen E. Merson, Laurel, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
976x Immediate cause	(a) Bullet Wound of head	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
	(c) none	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) house
(CITY OR TOWN) North Laurel Park (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 6 (Year) 1953 (Hour) 10 30 pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self upward through Right Cheek into Brain

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide , undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 2-6-53
Deputy Medical Examiner Howard Co.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/9/53
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Buitonsville (State) Md

DATE REC'D BY LOCAL REG. 2/8/53
REGISTRAR'S SIGNATURE Mark Shipley
24. FUNERAL DIRECTOR We With Dana'dian ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

13 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01811

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marriottsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 99

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marriottsville
STREET ADDRESS (If rural give location) Rt. 99

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) MAE (Last) NEAL

4. DATE OF DEATH: (Month) 2-8-53 (Day) (Year) 19

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-30-1911
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ridgely, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Dean
14. MOTHER'S MAIDEN NAME: Florence Griffin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Andrew Neal, Marriottsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
175X Immediate cause	(a) uraemia	48 hrs
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Carcinomatosis	8 mos.
DUE TO		
	(c) Carcinoma, ovary	1 year.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Apr. June 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma ovary
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb 8, 1953, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 2/8/53, from the causes and on the date stated above.

SIGNATURE Gerald A Galvin (Degree or title) M.D. ADDRESS N3 N. Monument St. Balto DATE SIGNED 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-12-53
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Md.
DATE REC'D BY LOCAL REGISTRAR 2-10-53
REGISTRAR'S SIGNATURE [signature] Denton
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6

01812

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Rural - 12 yrs. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Rural
STREET ADDRESS (If rural, give location) Waterloo Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Lillian R. Pfeiffer

4. DATE OF DEATH (Month) (Day) (Year) Feb. 3/53 19

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 21, 1918 | 9. AGE last birthday 34 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W. | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Balto. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ----------Redding | 14. MOTHER'S MAIDEN NAME Nettie Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Wm. E. Pfeiffer, Waterloo Rd. Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170x Immediate cause (a) Carcinomatosis of chest, probably lungs & spine, following

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of both breasts

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1952, to Feb. 3, 1953, that I last saw the deceased alive on Feb. 3, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 2/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Feb. 6/53 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/4/53 | REGISTRAR'S SIGNATURE Frank Shipley | 24. FUNERAL DIRECTOR Harry H. Nietzke ADDRESS 4101 Edmondson Ave Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

FEB 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01813

Reg. Dist. No. 19-3

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Woodbine; MARYLAND; LENGTH OF STAY (in this place) Late; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Woodbine; STREET ADDRESS (If rural, give location) Florence

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Howard (Last) Poole

4. DATE OF DEATH: (Month) February (Day) 17 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 10-14-1889

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua Poole

14. MOTHER'S MAIDEN NAME: Ella M. Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or date of service) W.W. I

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Arthur S. Poole, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arterio sclerotic Heart Disease, with Decompensation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH: Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1952, to February, 1953, that I last saw the deceased alive on Feb. 13, 1953, and that death occurred at 7.15 A.m., from the causes and on the date stated above.

SIGNATURE: W.B. Cockwell (Degree or title) M.D. ADDRESS: Mt. Airy, Maryland DATE SIGNED: 2/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 2-19-1953 | NAME OF CEMETERY OR CREMATORY: Jennings Chapel | LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG. 2-18-53 | REGISTRAR'S SIGNATURE: E Paul Merrill | 24. FUNERAL DIRECTOR ADDRESS: C. H. Waltz, Winfield, Md.

VS. A15

FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01811

CERTIFICATE OF DEATH

Reg. Dist. No. 191 192

1 PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westfreindship
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Freindship
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Maxwell (Last) Saffell

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 10-1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Household

11. BIRTHPLACE (State or foreign country): Howard County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas E Maxwell

14. MOTHER'S MAIDEN NAME: Annie Barlow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Ada Maxwell Smallwood West Freindship

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.0 Immediate cause	(a) DUE TO	Acute cardiac failure	3 days
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arteriosclerotic heart disease	5 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arthritis of the spine — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Feb. 23, 1953, that I last saw the deceased alive on Feb. 22, 1953, and that death occurred at 6:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED Feb. 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-25-1953 NAME OF CEMETERY OR CREMATORY Mt View LOCATION (City, town, or county) Alpha (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb. 24, 53 REGISTRAR'S SIGNATURE ~~John B. Langham~~ Alice Kelb ~~Per B.E.L.~~ cmc

24. FUNERAL DIRECTOR F.C. Higinbotham ADDRESS Elliott City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01815

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) THOMAS (Last) SCRIVNOR

4. DATE OF DEATH: (Month) (Day) (Year) 2-24-53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: 1-6-1858

9. AGE Last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country). Dayton, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Allen Scrivnor

14. MOTHER'S MAIDEN NAME: Martha Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary S. Gaither, Clarksville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute cardiac failure — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pyelonephritis — 5 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1953, to 2/24, 1953, that I last saw the deceased alive on 2/24, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 2/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-27-53 — NAME OF CEMETERY OR CREMATORY St. Marks — LOCATION (City, town, or county) (State) Highland, Md. — ADDRESS

DATE REC'D BY LOCAL REGISTRAR 2-28-53 — REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

01816

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191 to 195

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 200 yards south of Savage Traffic Light

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1423 Chapin St. N.W.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) LEIGH (Last) SHACKELFORD Jr.

4. DATE OF DEATH (Month) 2-26-53 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	2-28-1925	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Rough work	District of Columbia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry L. Shackelford Sr.	Caroline Sellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W W 2	578-22-7656	1423 Chapin St. Harry L. Shackelford, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819X

Immediate cause (a) Fracture cervical vertebrae and crushed chest — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN) near Savage	(COUNTY) Howard	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
2-26-53 12.01 A.M.		Car struck bridge abutment and turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Buxton M.D. (Degree or title) — ADDRESS — DATE SIGNED

Deputy Medical Examiner for Howard County — Ellicott City, Md — 2-26-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-2-1953	Arlington National		Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/26/53	Thos. B. Langhorne J. Shipley Dep. R. & D.	W. W. Chambers	Wash. D.C.

-code-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04817

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:
COUNTY HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLENWOOD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLENWOOD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ASA (Middle) CARKHUFF (Last) SHARP, SR

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 9-4-1863

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER

11. BIRTHPLACE (State or foreign country): PLAINSFIELD N.J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN SHARP

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: LAWTON SHARP, GLENWOOD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) acute cardiac failure — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic arteriosclerotic heart disease — 15 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cerebral hemorrhage — 1 year

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Feb 2, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 2-4-1953 — NAME OF CEMETERY OR CREMATORY: MT. VIEW — LOCATION (City, town, or county) (State): ALPHA, Md.

DATE REC'D BY LOCAL REGISTRAR 2-4-53 — REGISTRAR'S SIGNATURE E. Pearl Mercer

24. FUNERAL DIRECTOR ADDRESS: F.S. HIGINBOTHOM, ELLICOTT CITY, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
FEB
BUREAU V. S.